



Immunization Clinic Hours are from 7:30AM to 2:00PM Monday thru Friday. The clinic is closed on the 2nd Friday of each month. For ease of access, APPOINTMENTS ARE NOT AVAILABLE and services are provided on a walk-in, first come, first served basis.

832 West Central Blvd. <http://Orange.FloridaHealth.gov/> Ph. 407-836-2502 Fax: 407-836-2595

ADULT

<input type="checkbox"/> SR	<input type="checkbox"/> CP	<input type="checkbox"/> IOS	<input type="checkbox"/> SS	<input type="checkbox"/> DL	<input type="checkbox"/> GC	ID	<input type="text"/>
<input type="checkbox"/> NSR	<input type="checkbox"/> CNP	<input type="checkbox"/> BC	<input type="checkbox"/> PP	<input type="checkbox"/> SI	<input type="checkbox"/> MI	COLL	<input type="text"/>

Last Name : _____
First Name: _____
Middle Name: _____ Race: _____
Birthdate: ____ - ____ - ____ Female or Male: _____

<input type="checkbox"/> SR	<input type="checkbox"/> CP	<input type="checkbox"/> IOS	<input type="checkbox"/> SS	<input type="checkbox"/> DL	<input type="checkbox"/> GC	ID	<input type="text"/>
<input type="checkbox"/> NSR	<input type="checkbox"/> CNP	<input type="checkbox"/> BC	<input type="checkbox"/> PP	<input type="checkbox"/> SI	<input type="checkbox"/> MI	COLL	<input type="text"/>

Last Name : _____
First Name: _____
Middle Name: _____ Race: _____
Birthdate: ____ - ____ - ____ Female or Male: _____

Home Address: _____ Apt/Unit # _____ City: _____ St: _____

Zip code: _____ Cell Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

RECEIPT FOR PAYMENT OF VACCINATIONS AND FORMS MUST BE PRESENTED PRIOR TO RECEIVING SERVICE

Signature _____ Date: ____/____/____

Entry Ticket #	Entry Ticket #
Q-Flow Ticket #	Qflow Ticket #

Please **CIRCLE Y** for **YES** or **N** for **No** to the following questions about each adult

Adult's Name: What YEAR or AGE did you have the Chicken Pox DISEASE ?	Adult's Name: What YEAR or AGE did you have the Chicken Pox DISEASE ?
Y N Are you sick today?	Y N Are you sick today?
Y N Are you allergic to Eggs, Latex, Baker's Yeast or Gelatin?	Y N Are you allergic to Eggs, Latex, Baker's Yeast or Gelatin?
Y N Would you like a FLU shot today?	Y N Would you like a FLU shot today?
Y N Do you have allergies to medications, food, a vaccine component, or latex?	Y N Do you have allergies to medications, food, a vaccine component, or latex?
Y N Have you ever had reactions to Pertussis (Whooping Cough) or other shots?	Y N Have you ever had reactions to Pertussis (Whooping Cough) or other shots?
Y N Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	Y N Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?
Y N In the past 3 months, have you taken medications that weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?	Y N In the past 3 months, have you taken medications that weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?
Y N Do you have Cancer, Leukemia, HIV/AIDS or other immune system issues?	Y N Do you have Cancer, Leukemia, HIV/AIDS or other immune system issues?
Y N Have you had your spleen removed?	Y N Have you had your spleen removed?
Y N Have you had vaccines and/or a TB skin test in the last 4 weeks?	Y N Have you had vaccines and/or a TB skin test in the last 4 weeks?
Y N In the past year , have you had a blood transfusion or been given blood products, immune (gamma) globulin or antiviral medications?	Y N In the past year , have you had a blood transfusion or been given blood products, immune (gamma) globulin or antiviral medications?
Y N Have you had a seizure or a brain or other nervous system problem?	Y N Have you had a seizure or a brain or other nervous system problem?
Y N Have you had brain or other nervous system problems?	Y N Have you had brain or other nervous system problems?
Y N If you are a female, are you pregnant or is there a chance that you could become pregnant during the next month?	Y N If you are a female, are you pregnant or is there a chance that you could become pregnant during the next month?
Last menstrual cycle for : / /	Last menstrual cycle for : / /
IMM ID #:	IMM ID #:
Vaccines Administered	Vaccines Administered